

Form 1040

## U.S. Individual Income Tax Return

1965

for the year January 1–December 31, 1965 or other taxable year beginning....., 1965, ending....., 19..... US Treasury Department—Internal Revenue Service

▼ First name and initial (If joint return, use first names and middle initials of both)	Last name	Your social security number (Husband's if joint return)
Home address (Number and street or rural route)		Your occupation & present employer
City, town or post office, and State		Postal ZIP code
Enter the name and address used on your return for 1964 (if the same as above, write "Same"). If none filed, give reason. If changing from separate to joint or joint to separate returns, enter 1964 names and addresses.		Wife's number, if joint return
		Wife's occupation & present employer

  

<b>Filing Status</b> —check one: <b>1a</b> <input type="checkbox"/> Single <b>1b</b> <input type="checkbox"/> Married filing joint return (even if only one had income) <b>1c</b> <input type="checkbox"/> Married filing separately. If your husband or wife is also filing a return give his or her first name and social security number.	<b>Exemptions</b> <table border="0"><tr><td>Regular</td><td>65 or over</td><td>Blind</td></tr><tr><td><b>2a</b> Yourself <input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><b>2b</b> Wife <input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> <b>3a</b> First names of your dependent children <i>who lived with you</i> . ..... ..... .....Enter number ▶▶▶	Regular	65 or over	Blind	<b>2a</b> Yourself <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>2b</b> Wife <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular	65 or over	Blind								
<b>2a</b> Yourself <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<b>2b</b> Wife <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

# **PART I. Exemptions** Complete only for dependents claimed on line 3b, page 1

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(a) NAME (If more space is needed attach schedule)	(b) Relationship	(c) Months lived in your home. If born or died during year write "B" or "D"	(d) Did dependent have income of \$600 or more?	(e) Amount YOU furnished for dependent's support, if 100% write "ALL"	(f) Amount furnished by OTHERS including dependent.
1				\$	\$
2					

3 Total number of dependents listed above. Enter here and on page 1, line 3b ▶▶▶▶

## **PART II. Income from all sources other than wages, salaries, etc.**

### **Dividends and Other Distributions**

A Gross amount	
B Nontaxable and capital gain distributions	
C Subtract item B from item A <small>Give details in lines 1a through 1d</small>	

**Explanation of C** (Write (H), (W), (J), for stock held by husband, wife, or jointly)

1a Qualifying dividends (name of payer) ▶▶▶▶

Total qualifying ▶▶▶▶

1b Subtract \$100. If joint return see instructions ▶▶▶▶

1c Balance (but not less than zero) ▶▶▶▶

1d Nonqualifying dividends (name of payer) ▶▶▶▶

Total nonqualifying ▶▶▶▶

2 Total dividends (add lines 1c and 1d) ▶▶▶▶

3 Interest (name of payer) ▶▶▶▶

Total interest income ▶▶▶▶

4 Pensions and annuities, rents and royalties, partnerships, & estates or trusts (Schedule B) ▶▶▶▶

5 Business income (Schedule C) ▶▶▶▶

6 Sale or exchange of property (Schedule D) ▶▶▶▶

7 Farm income (Schedule F) ▶▶▶▶

8 Other sources (state nature) ▶▶▶▶

Total other sources ▶▶▶▶

9 Add lines 2 through 8. Enter here and on page 1 line 6, ▶▶▶▶

## **PART III. Adjustments**

1 "Sick pay" if included in line 5, page 1 (attach Form 2440 or other required statement) ▶▶▶▶

2 Moving expenses (attach Form 3903) ▶▶▶▶

3 Employee business expense (attach Form 2106 or other statement) ▶▶▶▶

4 Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE) ▶▶▶▶

5 Total adjustments (lines 1 through 4). Enter here and on page 1, line 8 ▶▶▶▶

**EXPENSE ACCOUNT INFORMATION**—If you had an expense allowance or charged expenses to your employer, check here ☐ and see page 7 of instructions.

## **PART IV. Itemized deductions**—Use only if you do not use tax table or standard deduction.

**Medical and dental expense.**—Attach itemized list. Do not enter any expense compensated by insurance or otherwise. NOTE: if you or your wife are 65 or over, or if either has a dependent parent 65 or over, see page 8 of instructions for possible larger deduction:

1 Enter excess, if any, of medicine and drugs over 1% of line 9, page 1 (See note above)	
2 Other medical, dental expenses (include hospital insurance premiums)	
3 Total (add lines 1 and 2)	
4 Enter 3% of line 9, page 1 (See note above)	
5 Subtract line 4 from line 3; see page 8 of instructions for maximum limitation <span style="float: right;">▶▶▶▶</span>	

**Contributions.**—Cash—including checks, money orders, etc. (itemize)

1 Total cash contributions	
2 Other than cash (see instructions for required statement). Enter total of such items here	
3 Total contributions (add lines 1 and 2—see instructions for limitations) <span style="float: right;">▶▶▶▶</span>	

Taxes.—Real estate	\$
State and local gasoline	\$
General sales	\$
State and local income	\$
Personal property	\$
Total taxes <span style="float: right;">▶▶▶▶</span>	

**Interest expense.**—Home mortgage ▶▶▶▶

Other (itemize) ▶▶▶▶

Total interest expense ▶▶▶▶

**Other deductions.**—(see page 9 of instructions) ▶▶▶▶

Total other deductions ▶▶▶▶

**TOTAL DEDUCTIONS** (for page 1, line 11a) ▶▶▶▶

## **PART V. Credits**

1 Retirement income credit (Schedule B)	
2 Investment credit (Form 3468)	
3 Foreign tax credit (Form 1116)	
4 Tax-free covenant bonds credit	
5 Total credits (add lines 1 through 4). Enter here and on page 1, line 13 <span style="float: right;">▶▶▶▶</span>	